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Testimony, February 16, 2010: Charter school funding cut (non-formula), \$70,000

Thank you for hearing my testimony regarding the proposed suspension of \$70,000 in the charter school line item. This funding, which would create a job in our community, was to provide a nurse for 300 of Stamford's most struggling and impoverished students who attend Trailblazers Academy and Stamford Academy, two charter schools operated by Stamford nonprofit Domus.

Our middle and high schools are like no other charter schools in the state: We purposefully seek out the city's most struggling youth—those who have failed or dropped out or are on the verge of doing so. Some accuse charter schools of skimming from the top; we say we skim from the bottom. Our students enter our schools 3, 4, sometimes 7 grades behind their peers. A full 90% of these children qualify for free or reduced lunch, so in addition to being academically challenged, they are the city's most economically disadvantaged youth. Research shows that with poverty comes a higher rate of un- and undertreated mental and physical health problems, and our population reflects that: Our 300 students suffer from asthma and other chronic health issues at a significantly higher rate than their peers in the district schools.

The short- and long-term financial impacts of not effectively treating those health issues are profound, affecting local health systems as well as State taxpayer expenditures on health and insurance. Research shows poor children use more urgent care services and fewer preventative health services. An expenditure of \$70,000 dollars per year puts a qualified nurse to work supporting children who we otherwise must take to the local hospital. This trip across town turns a five-minute issue into a 90-minute problem that pulls staff members away from their school jobs and pulls children out of the classroom who can least afford time away from learning.

According to the CDC, (in *Preventing Chronic Disease: Health Care Utilization by Children With Asthma*, January 2009):

- Children in low-income families (125%-199% of the poverty line) had the **lowest levels of general checkups** (significantly fewer than their wealthier peers).
- Children **whose mothers had more education** had more checkups and fewer emergency department visits.

According to the *John D. and Catherine T. MacArthur Research Network on Socioeconomic Status and Health*, (2005), allergies, prevalence of asthma, myopia, Hodgkin's disease, and acute lymphoblastic leukemia are **higher among higher SES (socioeconomic status) children** in some studies.

By adding one nurse for 300 students:

- We can treat existing health conditions, prevent the exacerbation of existing conditions, and prevent chronic and sudden illnesses in our city's most vulnerable children.
- We can keep our most struggling students in class so they're learning while better utilizing vital staff resources, maximizing State funding and other investments.
- We can safely respond in a time-sensitive manner to health issues that could, without swift intervention, have a lasting impact on a student's physical and mental health.
- We can save our most impoverished families money that they can then spend on other critical needs such as food and shelter.

This is a \$70,000 investment that will save far more now and in the future while improving fragile lives and putting someone to work.